

**State of Indiana**

**Non-Tobacco Use Agreement and Request for Deductible Reduction**  
**For Plan Year 2008**

In exchange for a \$500.00 reduction in my state employee group health insurance deductible:

1. I agree not to use any tobacco products during 2008;
2. I understand that in order to receive the reduction in the deductible, I may be subject to testing for nicotine, and I agree to submit to such testing;
3. I further understand that if the State determines that I failed to honor this agreement, the full insurance deductible will apply to my 2008 health care expenses. I will be subject to more frequent testing if I enroll in 2009, and I may be subject to discipline.

☐ I accept

☐ I decline

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee ID

**\*Please note: This form must be faxed to State Personnel Benefits Division in the same week that the benefits are entered into PeopleSoft. Fax # 317-232-3011**